

☐ **A Variance Request**

Describe generally the nature of the variance: _____

- ☐ Required sketch plan of the property attached showing dimensions and shape of the lot, the size and locations of existing buildings or uses, the locations and dimensions of proposed buildings or alterations or uses, buffers and setbacks both existing and proposed, and any natural or topographic peculiarities of the lot in question.

Justification of Variance. In order for a variance to be granted, the appellant must demonstrate to the Board of Appeals that the strict application of the terms of the ordinance would cause undue hardship. There are four criteria which must be met before the Board can find that a hardship exists. Please explain how your situation meets ALL FOUR of the criteria listed below. (Attach additional pages if necessary.)

1. The land in question cannot yield a reasonable return unless the variance is granted.

2. The need for a variance is due to the unique circumstances of the property and not to the general conditions in the neighborhood.

3. The granting of a variance will not alter the essential character of the locality.

4. The hardship is not the result of action taken by the appellant or a prior owner

☐ **An Assessment Review** Original abatement request based on ☐ poverty ☐ overassessment

The undersigned believes that his/her tax assessment is overstated for the following reason:

The undersigned has (check all that apply):

- ☐ Filed the original abatement request in writing with the Municipal Officers within 3 years of commitment date.

Been denied an abatement either ☐ in writing (attach copy) or ☐ by the passage of 60 days with no decision.

- ☐ Supplied the Assessors with a true and perfect list of taxable property possessed by April 1st of the year in question as required by 36 MRSA §706.

- ☐ A total assessment less than \$500,000 or ☐ Paid an amount in taxes that is either of the following

☐ Equal to the amount paid in the previous year (but not more than the assessment for the year in question) or

☐ The full amount that is not in dispute by the due date.

NOTE: No hearing will be scheduled until your supporting documents have been submitted to the Appeals Board Chair.

I certify that all of the information on this application is true and correct.

APPELLANT SIGNATURE: _____ DATE: _____
Please sign in blue ink

OFFICIAL USE ONLY Date Received:

Fee Paid: ☐ No ☐ Yes Amount:

Received by:

☐ Public Hearing Held → Date:

☐ Variance

☐ Abatement \$

☐ Granted

☐ Denied

PB/CEO Decision ☐ Affirmed

☐ Modified

☐ Vacated

☐ Remanded to Planning Board

→ Reason/Modifications/Instructions:

☐ Decision Issued → Date:

BOARD CHAIR SIGNATURE:

DATE: